



CANCELLATION OF SITE FORM

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Form No.	ROASD-567
Revision No.	0
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PART A: GENERAL INSTRUCTIONS

1. Use this form to signify the Company's intent to cancel existing operating address registered with PAGCOR.
2. Write your answers in block letters. If the information required is not applicable, write "NA"
3. Print your application form and all documentary requirements on an A4-size paper.
4. Original documents must be submitted to PAGCOR - ROASD Office. Applications with incomplete information / requirements will not be accepted.

Note: For any inquiries regarding your application, you may contact ROASD through : 8522 0299 local 1188 / 1189

PART B : REQUIRED ATTACHMENTS / SUPPORTING DOCUMENTS

This notification form must be accompanied by the following supporting documents:

- ☐ Letter request indicating the reason/s for the cancellation of operating site and the intended effectivity date
- ☐ Board Resolution / Director's Certificate signifying the Company's decision for voluntary cancellation of its operating site
- ☐ Notarized Undertaking to conduct post-operational activities within 30 days from the approval of the cancellation
- ☐ Updated Lease Agreement (if applicable)
- ☐ Surrender of previously issued Certificate / Accreditation

**REQUEST FOR CANCELLATION OF OPERATING SITE/S MUST BE SUBMITTED TO PAGCOR-ROASD
AT LEAST 30 DAYS PRIOR TO THE EFFECTIVITY DATE OF CANCELLATION**

PART C. NOTIFICATION DETAILS

DATE: _____

NAME OF COMPANY: _____

TYPE OF LICENSE / ACCREDITATION: _____

REASON FOR CANCELLATION: _____

INTENDED DATE OF EFFECTIVITY: _____

OPERATING ADDRESS/ES TO BE CANCELLED:

FLOOR AREA

1.	
2.	
3.	
4.	
5.	

(Note: Please use additional sheet/s if the space provided above is not sufficient)

REMAINING OPERATING ADDRESS/ES:

FLOOR AREA

1.	
2.	
3.	
4.	
5.	

(Note: Please use additional sheet/s if the space provided above is not sufficient)

PART D. AUTHORIZED REPRESENTATIVE

PRINTED NAME: _____

POSITION TITLE: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

SIGNATURE OVER PRINTED NAME